

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 41266

JAN 4 1951

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4444 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carterville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carterville</u>	
c. LENGTH OF STAY (In this place) <u>7 Months</u>		d. STREET ADDRESS (If rural, give location) <u>110 W. Wilson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 W. Wilson St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLLIE</u>	b. (Middle) <u>CALVIN</u>	c. (Last) <u>NEWLAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 25, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 25, 1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>E. P. Newland</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Dufford</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>078-05-1120</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Taylor</u>	ADDRESS <u>Carterville, MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carterville Jasper Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1950, to 12-25, 1950, that I last saw the deceased alive on 12-25, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Forbes</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Carterville Mo.</u>	23c. DATE SIGNED <u>12-26-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kids Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 26-50</u>	REGISTRAR'S SIGNATURE <u>J. L. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Mo.</u>
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RECEIVED 1-3-51

Jasper County Health Office

County File Number 50-12-970

Date Filed 1-3-51

JAN 18 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed *Richard Gray Lewis*

Signed.....

Student Embalmer

Licensed Embalmer No. *4405*

P. O. Address *Webb City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.